GOLDMAN, Jack A., MD, and SCHECHTER, Alexander, MD, Beilinson Hospital, Petah Tikva and Tel Aviv University Medical School, Israel

"Effect of cigarette smoking on glucose tolerance in pregnant women." (Israel Journal of Medical Sciences 3/4:561-564, July-August 1967)

"Intravenous glucose tolerance test was performed in 54 pregnant woman smoking 15 to 40 cigarettes daily, between the 24th and 40th week of gestation, and 54 non-smoking pregnant controls. Smoking was found to have a statistically significant hyperglycemia effect....

"Our observations confirm the fact that temporary hyperglycemia, or rather a statistically significant decrease in glucose tolerance, occurs in cigarette smoking women. The statistical association between smoking and hyperglycemia may suggest a cause and effect relationship; nevertheless, experimental studies are necessary to prove this is actually so."

JACKSON, James A., Sudenham Hospital and Hillside Hospital, New York City

"Heavy smoking and sodium chloride hypogeusia." (Journal of Dental Research 46:742-744, July-August 1967)

The taste buds of 48 female and 32 male smokers of at least two packs of cigarettes or the equivalent in cigars or pipe tobacco daily appeared to be insensitive to amounts of salt identified by a control group of 68 men and 12 women; the test subjects had an average age of 40 years, the controls 26 years.

7. MEDICAL OPINIONS

BOWERS, Dr. Warner F., Medical Director, Medical World News

"Every other Friday." (Medical World News 8/34:95, August 25, 1967)

"Everyone knows that whatever is pleasant is apt to be immoral, illegal, or lethal.... The solace of tobacco certainly is taboo because cigarette paper is poisonous and tobacco has tars to cause cancer and nicotine to contract vital blood vessels. The pipe naturally is outlawed because it engenders lip cancer."

BRITISH MEDICAL JOURNAL

"Menace of smoking." (Editorial: 3:753-754, September 23, 1967)

"On 18 July the Minister of Health invited the leaders of the tobacco industry to consider whether they could agree on proposals for limiting the sales promotion of cigarettes. Last week they informed the Minister that they had been unable to reach agreement..." and he said the Government "would consider the position...."

2024981679

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"In 1965 there were over 26,000 deaths from cancer of the lung in England and Wales, and the figures for Scotland and Northern Ireland bring the total up to about 30,000 for the United Kingdom. The evidence can no longer be doubted that the great majority of these deaths were due to cigarette smoking.... In addition, the relationship of smoking to chronic bronchitis and emphysema is well proved.

"Now a report coming from the U.S. Public Health Service brings up to date the one it issued three years ago. The recent studies increasingly suggest that smoking, in addition to its undoubted connection with lung cancer, plays some part in the development of cancer of the mouth, larynx, esophagus, and possibly pancreas. /Bladder cancer, coronary artery disease, cerebro-vascular disease also mentioned/.... The smoking of tobacco, and especially of cigarettes, is surely the greatest menace to the public health of our time."

CLARK, Virginia A., and HOPKINS, Carl E., School of Public Health, University of California, Los Angeles

"Time is of the essence." (Editorial: Journal of Chronic Diseases 20/8: 565-569, August 1967)

"The findings from retrospective studies are necessarily associations rather than cause-effect relationships, the determination of association of a disease with some factor being based upon high or low frequency of that factor among persons with or without the disease. In contrast, in a prospective study the investigator looks for high or low incidence of disease among persons possessing the factor in question. It should be noted that one finds factors associated with being a diseased subject rather than factors associated with presence or absence of the disease.... Finally, the problem of finding suitable controls or contrast groups without the disease are many."

COCKSHUT, R. W., MB, ChB, MRCS, LRCP, London, England

"Admirable drug." (Letter: British Medical Journal 4:113, October 14, 1967)

"It appears likely that each civilization demands a drug. Tobacco is the most admirable of all. It soothes and composes, it makes for better temper, it keeps men in the chimney-corner, it stimulates thought. If banned, whence should come the £1,000m of lost revenue?.... If tobacco goes then drink and gambling must follow, for these two are home breakers and in anything but strict moderation can and do bring ruin.... As we get older nowadays we get more and more to fear the onset of helpnessness and dependence -- so here is a final beneficence of the divine weed. It clears us off before we begin to clutter up the earth."

GIFFORD, J. Hamilton, MB, ChB, CPH, Waterloo Chest Clinic, Liverpool, England

"Menace of smoking." (Letter: British Medical Journal 3:54-55, October 7, 1967)

"I submit that it is the immediate duty of the Minister of Health to induce the Government to take effective steps without delay.

2024981680

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"The findings of the Royal College of Physicians have been known for some time, and the independent investigation of the tobacco industry has merely served to endorse them this year. I suspect that pressure from the department of Inland Revenue and vested interests, and watering-down of resolve by the many smokers in their midst, has diverted the administration from taking what it well knows to be the right course.

"In the event, much of the loss of revenue would be made up by the improvement in health and saving of life among the working population, and the economy would also benefit externally, as it would no longer be necessary to purchase tobacco, all of which comes from abroad."

GROSS, Paul, MD, Pittsburgh, Pa.

"A biochemical pathogenetic aspect of emphysema." (Editorial: Archives of Environmental Health 15/4:411, October 1967)

"It is highly probable that a number of causes may contribute to the production of symptomatic pulmonary emphysema. Among these, cigarette smoking and chronic bronchitis appear to be most prominent. Questions arise about imbalances in serum-, or local tissue enzyme-antienzyme systems in heavy cigarette smokers or chronic bronchitics with or without symptomatic pulmonary emphysema. If these imbalances are present, what specific enzymes are involved?"

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

"One hundred millimeters of what?" (Editorial: 202/3:226, October 16, 1967)

"It strikes us that the tobacco companies promoting the 100-mm cigarettes are being rather irresponsible about the whole matter of smoking and health. If they were truly dedicated to finding a 'safer' cigarette, would they have introduced the new 'longs' and given them the provocative promotional campaigns they have had?.... The tobacco companies are only trying to show a profit, and Americans seem bent on self-destruction anyway.... The new 'longs' are a less violent and more socially acceptable way of accomplishing the destruction."

LIPMAN, William H., MD, Kenosha, Wis. and ROBBINS, J. J., MD, Haywood, Calif., vs. KILBURN, Kaye H., MD, Durham, N.C.

"Asthma and chronic lung diseases." (Letters: Medical Times 95/10:30a-ff, October 1967)

Drs. Lipman and Robbins criticize the downgrading or omission by Dr. Kilburn of the importance of allergic asthma in his discussion of the pathogenesis and treatment of chronic bronchitis (CD, March 1967:32). The mucous membrane of the pharyngo-tracheo-bronchial tract, which may be traumatized by allergic reactions over a period of years, "responds in the same physiological manner to antigenic irritation as it does to infection," Dr. Lipman says. "This chronic traumatic injury to these tissues can very well produce the same symptoms as are produced by smoking and chemical irritants in the air."

2024981681

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"I should think it matters very little to a patient whether bronchial obstruction is due to pollens or tobacco smoke," Dr. Robbins says. The co-existence of two diseases of the same organ implies nothing about their respective etiologies, Dr. Kilburn responds: "At present desensitization does not relieve the symptoms of most patients with chronic bronchitis and is an expensive placebo."

PENDERGRASS, Eugene P., MD, Department of Radiology, Hospital of the University of Pennsylvania, Philadelphia

"Some considerations concerning the roentgen diagnosis of carcinoma of the lung." (Alabama Journal of Medical Sciences 4/2:166-179, April 1967)

"It is not my purpose to discuss the possible etiologic agents in lung cancer but all of us are familiar with the articles appearing in medical and lay press indicting cigarettes, industrial smoke, oil and gasoline fumes, road tars and other pulmonary irritants as potential causes.... Thirty years ago, bronchogenic carcinoma accounted for only three per cent of all cancer deaths among men. At the present time we find it making up nearly 22 per cent of the total, a seven fold increase....

"My second reason for considering cancer of the lung [as a major cause of death in man] is because I think it is difficult to diagnose and we need to sharpen our tools and develop a high index of suspicion.... For years we have been cognizant of the fact that the pathologists observe lesions in the excised lungs that we could not demonstrate in antemortem roentgenograms. In 1944, therefore, we began to make a series of postmortem roentgenograms of the chest.... We were amazed to find that not only that we were missing many small lesions but that in certain instances relatively large lesions were not seen....

"How often do recurrent respiratory infections disguise an underlying malignant process?... How often does a carcinoma of the lung simulate tuberculosis?... It should be borne in mind, that tuberculosis and cancer of the lung may be superimposed upon one or the other.... If the outlook for demonstrating curable malignant lesions in the lung is to be improved, it will be necessary to have a strong chest survey program.... The preventive measures that I would emphasize immediately are ones to eliminate the cigarette cough and the indiscriminate use of antibiotics."

VAN DER STRAETEN, M., Internal Medicine Clinic, University of Ghent, Belgium

"Bronchuscarcinoom: Etiologische factoren." (Tijdschrift voor Geneeskunde 23/13:797-801, July 1, 1967: Translation)

"This rapid increase of bronchial carcinoma, which began in 1925-30 and is still continuing, can be ascribed to a variety of reasons: 1. Improved diagnosis.... 2. Age shift... more people are reaching the carcinoma-prone age. 3. Absolute increase. Independent of the age shift and improved diagnosis, there is an indisputed increase in the number of patients...."

2024981682

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

One of the most important etiologic factors "which may be cited is the fact that the population is now being exposed to increased inhalation of carcinogens.... a. Excessive smoking... b. Air pollution.... c. Occupational circumstances.... Consideration must also be given to constitutional factors.... There are important studies which indicate that patients with asthmatic bronchitis, bronchial asthma, and emphysema... are predisposed to the development of bronchial carcinoma."

VINCENT, Ronald G., MD, Roswell Park Memorial Institute, Buffalo, N.Y.

"A fence or an ambulance?" (Journal of School Health 37/8:369-372, October 1967)

"While these four categories of disease, Alcoholism, Drug Addiction, Venereal Disease and Tobacco Related Diseases are distinct and individual, nevertheless, there is much that causes them to be inter-related and holds them much in common. They are diseases of habit.... They are diseases of immense complexity, easy to diagnose, but certainly difficult to control or cure.... They are diseases that can be prevented.... They are diseases about which youth will form some impression by the seventh grade and will, in most instances, make far reaching decisions by the twelfth grade...."

8. SMOKING HABITS AND PSYCHOLOGY

BEARD, Belle Boone, Sweet Briar College, Virginia

"The use of tobacco by centenarians." (Author's abstract: 20th Annual Meeting, Gerontological Society, St. Petersburg, Fla., Nov. 8-11, 1967: Gerontologist 7/3-II:35, September 1967)

The extent to which 751 men and women 100 years of age and over used tobacco in any form (past or present) was ascertained by questionnaire and/or personal interview. The use of tobacco by this sample of American centenarians in which all 50 states were represented was compared (1) with 238 men and women 95-99 in the United States and (2) with an English sample of 31 centenarians and 94 men and women 90-99 years of age who were interviewed by M.O. [Medical Officer]. Correlations with age, sex, race, nationality, rural-urban living, education, and health status were made.

BRITISH MINISTRY OF HEALTH

"Smoking habits of medical students." (British Medical Journal 4:120, October 14, 1967)

"Attitudes to smoking among medical students are not generally influenced by their training, according to the findings of 2 surveys conducted by the Government Social Survey for the Ministry of Health," the Journal says. "The smoking habits of medical and non-medical students were found to be similar, except that the incidence of smoking was lower among female medical students.... Attempts to stop smoking, or to cut it down, were most frequent during the first year of clinical training.... Only about half of the third-year clinical students thought that doctors should advise their patients not to smoke."

2024981683

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

DVORAK, Edward J., PhD, University of Minnesota, Minneapolis

"Educational and personality characteristics of smokers and non-smokers among university freshmen." (Journal of the American College Health Association 16/1:80-84, October 1967)

"The study sample included 860 males (535 non-smokers and 325 smokers) and 563 females (402 non-smokers and 161 smokers).... The variables selected for study were some of those which discriminated between accepters and rejecters of polio vaccination.... These included high school rank (HSR); A.C.E. [American Council on Education] percentile score; grade point average (GPA); number of academic quarters completed during 1958/59; MMPI [Minnesota Multiphasic Personality Inventory] scale scores; and MMPI high points.

"For males, the mean high school rank (HSR) of non-smokers was found to be 74.8; for smokers, it was 66.4...; female non-smokers had a mean HSR of 82.4, and the smokers had a mean HSR of 76.4.... Among freshmen in the study of acceptance of polio vaccination, male accepters averaged 8.0 points higher than rejecters on HSR, while female accepters averaged 7.1 points higher than their non-accepter counterparts.... The mean ACE percentile score was 63.7 for non-smokers and 62.9 for smokers... not significant at the .05 probability level....

"During the 1958/59 academic year, freshmen [College of Liberal Arts] male smokers achieved a mean GPA of 2.08, while their smoking counterparts earned a GPA of 1.76.... Female non-smokers earned a GPA of 2.48, compared to 2.17 for those who smoked.... On the basis of the MMPI findings... we cannot claim that we have discovered that the smoker is a distinct personality type.... The study... did find significant MMPI differences between smokers and non-smokers... [and] group tendencies of sufficient magnitude were found to demonstrate the need for more exacting study...."

LEVENTHAL, Howard, WATTS, Jean C. and PAGANO, Francia, Yale University

"Effects of fear and instructions on how to cope with danger." (Journal of Personality and Social Psychology 6/3:313-321, July 1967)

Yale students (129) who were cigarette smokers were given fear-arousing communications on the dangers of smoking in groups of 4 to 10. "Three factors were manipulated: intensity of fear stimulus (moderate or high), receipt of instructions on how to stop smoking (given or not given), and smoking during the communication (Ss instructed to smoke or not to smoke while the dangers of smoking were being depicted).

"The high-fear communication strengthened desires to stop smoking, but had no effect on actual smoking behavior; the receipt of instructions on how to stop smoking had no effect on desire to stop smoking, but was highly effective in getting Ss to change their smoking behavior." The high-fear stimulus was a thoracic operation sequence in "One in 20,000" made for the American Temperance Society; the moderate-fear film was excerpted from "Smoking and You," distributed by Contemporary Films, Inc.; the pamphlet on how to stop smoking was based on a current booklet used by the N.Y. City Narcotics Division in its anti-smoking clinics.

2024981684

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

SALBER, Eva J., MD, and ABELIN, Theodor, MD, Department of Epidemiology, Harvard University School of Public Health, Boston, Mass.

"Smoking behavior of Newton school children -- 5-year follow-up." (Pediatrics 40/3-I:363-372, September 1967)

"The smoking habits of Newton, Massachusetts, high school students were investigated in November 1959.... In the present study the change in smoking behavior of 15-year-old children over a 5 1/2 year period is examined and an attempt is made to identify characteristics which predict future smoking behavior in teenagers.

"In April 1965 a random sample of 560 boys and girls, stratified by smoking category in 1959, was selected from students who attended the tenth grade of the Newton High School (excluding the Technical High School) in 1959.... The response of the students to first letter, second letter, and telephone is shown in Table 1. Forty-eight students (8.6% of the sample) could not be traced; but, of those traced, 482 (94.1%) responded. We thus have information on 86.1% of the total sample.... Non-smokers responded more promptly than smokers, but the final response rate is the same for all smoking categories, although girls have a higher response rate than boys....

"Eighty-eight per cent of those who smoked at age 15 smoked at age 21. In general, a marked increase has occurred among all students, both in the number of smokers and in the amount smoked.... While 12% of the smokers had stopped smoking, 36% of the non-smokers had become current smokers and 71% of the discontinued smokers had resumed smoking. The change is particularly striking among girls who had stopped smoking in 1959. Seventy-eight per cent of them had resumed smoking by 1965....

"Those who smoked lightly in 1959 became heavy smokers less often than those who were already medium and heavy smokers in the tenth grade, but the general trend towards heavier smoking is clear.... Social class, parental smoking, and school achievement are still related to smoking at age 21, but mainly due to an effect before the age of 15. It is suggested that anti-smoking programs might be more effective if conducted before the age of 15."

9. MISCELLANEOUS

AMERICAN CANCER SOCIETY

"1968 Cancer Facts and Figures," 32-page booklet updating material published annually by ACS, issued October 1967.

To the question, can cancer be prevented, the booklet replies: "Yes. Research has proved that most lung cancers are caused by cigarette smoking, and most skin cancers by frequent overexposure to direct sunlight. These can be prevented by avoiding their causes...." (p.3). Lung cancer deaths for 1968 are estimated at 55,300 (46,600 males) and incidence at 61,000 (pp.6-7). Anti-smoking activities of ACS are listed (p.17), and general discussion of "Smoking and Health" in chronological form follows (pp.20-23).

2024981685

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

Number and amount of ACS grants and fellowships in fiscal year ended Aug. 31, 1967 include Roswell Park Memorial Institute in first place (18 grants totaling $701,784), national epidemiological studies ($317,937), Veterans Administration Center, N.J. (1 grant totaling $67,148), and Advisory Committee for Research on Tobacco Habituation ($60,500), among many others, amounting to a total of $18,562,287 (p.25). In the 1967 and 1966 editions of "Cancer Facts and Figures" ACS reported grants for the fiscal year ended Aug. 31, 1965, including $699,099 for Roswell Park M.I., $774,570 for epidemiological studies, and $40,493 for the N.J. VA Center. Issues for prior years gave grant data as of a specific date, such as July 1 or August 31, without specifying if figures applied to expenditures for a calendar year or were amounts available at such a date.

SANGSTER, J. F., MB, Medical Officer, Repatriation General Hospital, Daw Park, South Australia

"A no-smoking ward." (Lancet 2:765-766, October 7, 1967)

"In February 1967, a ward of this hospital was opened as a strict no-smoking area.... This survey deals with the first hundred patients discharged from the ward, from Feb. 17 to May 30, 1967.... Sixty-four patients were admitted on account of respiratory illness; only three of these men had never smoked." Seventeen smoked more and 7 less than 20 cigarettes daily; 20 had stopped smoking more than five and 13 less than five years before; 2 were pipe smokers, and two had unrecorded smoking habits.

"All patients felt subjective benefits by the time of discharge.... Four of the patients with respiratory disease were readmitted during the period: two had definitely given up smoking as a result of being in the ward; two had started again in reduced amounts.... Both had gone three weeks before starting again. Of the twenty other 'current' smokers, one said he would continue smoking; five were adamant they had stopped for good; and the future of the others remains uncertain...."

10. AMERICAN PUBLIC HEALTH ASSOCIATION

Following are brief excerpts from papers presented at the 95th Annual Meeting of the Association held at Miami Beach, Florida, October 24-26, 1967.

BERNARD, R. P. and RAVENHOLT, R. T., The Pathfinder Fund, Boston, and U.S. State Department, Washington, D.C.

"Dynamics of smoking habit formation."

Data for this study were collected during the enrollment procedure of 6667 students at the University of Washington in 1965. "Quantitative determination of the total past consumption has been universally unsuccessful until very recently.... The simultaneous study of many variates describing the smoking build-up has revealed some basic facts which merit further confirmation. They take an outstanding position in all facets of the initial smoking experience:

2024981686

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"a) Most associations revealed between variates... hold irrespective of sex.

"b) There is apparent emergence of inhalation... [as] a basic variate in habit formation.

"c) Analyzing the smoking experience with regard to smoking duration (and not smoking onset) reveals a general principle of sustained increase in daily quantity....

"d) The stage of habit formation was engaged in if the youngster went beyond experimentation, and can be defined as a progression to both higher consumption as well as deeper inhalation leading to a stage of habituation.

"e) "A total of 3.2 per cent of all regular smokers [for 7-8 years, and inhalers]... had presented a sudden rise in already high daily consumption.... This escalation phenomenon is interpreted as a possible sign of addiction.

"f) ...progression into compulsive smoking is the 'normal' development in the average youth who starts to smoke and continues to smoke beyond experimentation....

"g) It is proposed that this study serve as a baseline against which to assess... the possible influence of a state-wide anti-smoking campaign...."

BROWN, Murray, National Center for Urban and Industrial Health, Cincinnati

"Uranium mining study -- a multidisciplinary approach."

"We believe that in areas where the concentration of radon daughters is in excess of 0.3 working levels... the wearing of respirators and other protective equipment should be made a part of the terms of employment... [and that] smoking should be prohibited in underground uranium mines except in areas where the concentration of radon daughters is always below 0.3 working levels."

CRESWELL, William H. Jr., EdD, HUFFMAN, Warren J., EdD, STONE, Donald B., EdD, MERKI, Donald J., PhD, and NEWMAN, Ian M., MS, University of Illinois

"A replication of the Horn study on youth smoking in 1967."

"Have recent developments such as the Surgeon General's Report on Smoking and Health and the labeling of cigarette packages affected the rate of youth smoking?... To answer this and other questions, several modifications [of Dorn's Portland, Ore. study: 1959] were incorporated into the Illinois study... [which] included a total of 62 schools, 1052 classes and teachers, and a total of 23,724 junior and senior high school students.... The experiment was conducted over a seven-month period from October 1966 to May 1967...."

The relative effectiveness of different message themes in preventing youth from beginning the smoking habit was tabulated. "There were significant differences between the following message themes: a. The contemporary theme was more effective than either the remote or both-sided approach; b. The adult-role-taking theme was more effective than either the remote or both-sided approach; and c. The authoritative theme was more effective than either the remote or both-sided approach. These findings appear to be in direct contrast to those reported by Dorn... [who] reported that the remote message was the most effective...."

2024981687

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

Among other findings: The Illinois study found 18.7% current smokers in the ninth and 22.4% in the tenth grade, compared to 12.5% and 21.2% respectively in Oregon. Total smoking for grades nine to twelve were almost identical: 23.8% vs 23.3% respectively. "An examination of these differences suggests that a higher proportion of youngsters are starting to smoke earlier today in school as compared to the 1958 era."

DIEHL, Harold S., American Cancer Society

"Professional education in the control of cancer."

"Of the 580,000 cases of cancer diagnosed annually in this country, approximately one-third or 197,000 are alive at least five years after the initial diagnosis. This is heartening but at least half of the total or an additional 97,000 cancer deaths each year could be prevented if currently available methods of early diagnosis and treatment were universally and effectively utilized. This is a great challenge to health departments and to the health professions but an even greater challenge is the possibility of preventing each year more than 75,000 of these fatal cancers from developing. I have in mind primarily the 75,000 to 80,000 excess deaths from cancer that occur each year among cigarette smokers in comparison to non-smokers."

FODOR, J. T. et al, Southern California

"The immediate effects of smoking on young healthy males."

"In the first phase of the study, 200 smokers were compared with 200 non-smokers.... Smokers had higher levels of triglycerides and fatty acid Type 18:1 than did non-smokers. Smokers also displayed different patterns of expired air prior to smoking. The immediate effects of smoking that were observed include: changes in heart rate and T wave on the ECG; changes in systolic and diastolic blood pressures during smoking and during exercise. There was an indication that smokers had faster clotting times after smoking and were less efficient in their work tasks. These latter differences were not statistically significant."

GRAHAM, Saxon, PhD, State University of New York at Buffalo

"Lung cancer as related to smoking behavior patterns."

"Detailed observation of individuals smoking cigarettes revealed that rather wide variations in smoking behavior are exhibited. Our simulations of these variations via analytic smoking machine showed that substantial differences in tar yield are characteristic of the different models of behavior. In view of the dose-response relationship of increasing lung cancer risk with increased amount smoked, one would hypothesize that individuals exhibiting smoking patterns which are high in tar yield would also have higher risks of lung cancer....

"A large proportion of even heavy smokers do not develop lung cancer. A study of smokers who do and who do not develop lung cancer could be useful in developing further knowledge of factors predisposing to and protecting against lung cancer.... Several kinds of experiments showed that:

2024981686

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"1. More tar is retrieved when a given number of puffs are smoked over a long rather than a short period of time.

"2. Taking most puffs at the end of the cigarette results in the largest tar retrieval.

"3. Puffs taken at regular intervals throughout the life of the cigarette give the next largest tar yield; and

"4. Taking most puffs at the beginning of smoking a cigarette gives the smallest tar retrieval.

"Our studies were next directed to determining whether smokers exhibiting different patterns had different risks of lung cancer. They consisted in observing male patients in Roswell Park Memorial Institute smoking cigarettes... without prior knowledge of diagnosis or understanding as to whether the patient had or not recently undergone surgery.... The findings reported... are based on pre-operative observations on 183 men with lung cancer and 161 males with diseases other than respiratory, excluding in addition, possible tobacco-related disease, such as peptic ulcers....

"Our findings were that... risk increases with mean number of puffs taken per cigarette."

Table 3. Mean puffs taken per cigarette, by cases and controls

Mean puffs	a.Cases		b.Controls		a/b	Risk*
	No.	%	No.	%		
2.0 - 5.999	20	10.9	24	14.9	.73	1.00
6.0 - 7.999	55	30.1	45	28.0	1.08	1.48
8.0 - 9.999	43	23.5	43	26.7	.88	1.21
10.0 -11.999	33	18.0	26	16.1	1.12	1.53
12.0 -33.999	32	17.5	23	14.3	1.22	1.67

*relative to 2.0-5.999 puffs

Other tables show risk increasing with increase in length of time taken to smoke the average cigarette, regardless of age or amount smoked daily, and that taking more puffs towards the end of a cigarette entails a higher risk than puffing regularly, etc.

"More evidence is thus at hand that smokers who extinguish cigarettes before smoking them too short may reduce their risk of lung cancer. Similarly, those who take the majority of their puffs shortly after lighting up may reduce their risk. Equally important further evidence is suggested of a dose-response relationship between exposure to cigarette tar and lung cancer risk. Equally important further evidence is suggested of a dose-response relationship between exposure to cigarette tar and lung cancer risk.... Most urgent at this juncture is more detailed study of considerably larger groups of patients with a variety of controls, under blind conditions, and in a number of different settings."

2024981689

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

HIGGINS, I. T. T. et al, British Medical Research Council and University of Pittsburgh (Pa.) Graduate School of Public Health

"Chronic respiratory disease in an industrial town. A nine-year follow-up study."

A sample of 328 men who were aged 25 to 34 years in 1957 (88.9% of the 369 then seen) and of 266 men who were aged 35-64 years in 1957 (68.7% of the 387 then seen) were studied in 1966, divided among four occupational groups: non-dusty, miners and ex-miners, foundry and ex-foundry, and other dusty or chemical occupations. Six of the younger and 97 of the older men had died during the nine year interval. Others had left the study area (Stavely, England) or had not shared in the follow-up.

"As we showed in our original paper, smokers had a lower mean FEV (forced expiratory volume) than non-smokers and this was so in the 25-34 as well as the 35-64 age group. The mean values over the 9 years for the heavier smokers were somewhat lower than those for the lighter smokers in both young and old. While this had been so for the young group in 1957 we did not find any appreciable difference between the two mean values for the older man. The average decline over the nine years was lowest in the non-smokers, slightly greater in the ex-smokers and greatest in the smoking groups."

HIGGINS, I. T. T. et al

"Chronic respiratory disease in mining communities in Marion County, W.Va."

"The prevalence of cough and sputum was considerably higher in cigarette smokers than in other men. The prevalence of moderate and severe breathlessness was slightly higher in smokers than in non-smokers. There was little difference in the prevalence of chest illness during the past three years between any of the groups.... The mean values [of FEV] at all ages were significantly lower in the British studies for both miners and non-miners.... Further consideration is being given to international and national comparisons in an attempt to elucidate the role of potentially related factors such as smoking habits, climate, and air pollution."

HORN, Daniel, Director, National Clearinghouse for Smoking and Health

"Insight development: A new approach in dealing with the cigarette problem."

"At the present time we estimate that about 5 million adults a year make some kind of effort to give up cigarettes, and that of these about a million succeed. This is far short of five-sixths or even two-thirds or one-half of the 49 million smokers.... Despite the flood of information on the subject of cigarette smoking, the average smoker has spent very little time and energy thinking about the problem.... We have, therefore, been working toward the development of a National Smokers Test... pin-pointed towards personal gaps in knowledge...."

2024981690

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

JAMES, George, New York City Health Commissioner

"Epidemiology and regional medical programs"

"New epidemiologists must be carefully trained, and epidemiological approaches into... complex diseases are expensive and time consuming. Yet we do know a great deal about risk factors in these illnesses. Studies of such factors in combination have revealed certain individuals who possess unusual risks such as the occurrence of lung cancer among asbestos workers who smoke, and those possessing a number of factors associated with coronary heart disease [Framingham study]."

LEMON, Frank R. et al, Loma Linda University, California

"A biologic cost of smoking: decreased life-expectancy."

"Seventh-day Adventists (SDA's) in California, a non-smoking population, have a decidedly lower general mortality than other Californians.... The SDA advantage in life expectancy is greater for SDA males than for females. For example, the life expectancy of a 35-year-old California man is 36.2 years versus 42.4 years for an SDA man of the same age -- a difference of 6.2 years. The corresponding difference for 35-year-old California and SDA women is 3.7 years.... If a comparison were made with California smokers only, the differences would surely be larger."

LUNDIN, F. E. et al, U.S. Public Health Service

"Lung cancer among U.S. uranium miners: Current assessment of risk."

"It is speculated that the current elevation of lung cancer rates would be much less striking in the absence of cigarette smoking. Despite this, there is no reasonable doubt that radiation is the responsible agent without which the current excess of cases would not be occurring."

MANCUSO, T. F. and EL-ATTAR, A. A., University of Pittsburgh, Pa.

"Mortality pattern of a cohort of workers exposed to beryllium."

"No inferences can be made at this time relative to the association of previous exposure to beryllium and malignancy.... The study indicates the necessity for a longer period of observation, particularly for those 822 employees who worked more than 2 years, before any conclusions can be made."

MARKUSH, Robert E., U.S. Public Health Service

"Prevalence and severity at death of chronic respiratory diseases in the United States, 1963"

"The current status of chronic respiratory disease in this country was reviewed at the Third General Session of the Task Force on Chronic Bronchitis and Emphysema sponsored by the National Tuberculosis Association and the U.S. Public Health Service, on October 17, 1966, in Princeton, N.J. [unpublished data; Philip E.] Enterline expressed the opinion that the remarkable increase in emphysema and bronchitis deaths from 3,000 in 1952 to 20,000 in 1966 is largely fictitious. These diseases, he felt, probably need long exposure for development and therefore are not very likely to have such rapid changes in mortality rates."

2024981691

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

PRINDLE, Richard A., Assistant Surgeon General, USPHS

"Epidemiological considerations concerning the regional medical programs: From the Bureau of Disease Prevention and Environmental Control"

"Recent Federal action for air and water pollution control, for reducing the carnage on our highways, and for combating cigarette smoking suggest that health protection may be emerging from a long period of relative deemphasis in the public mind."

ROBINS, A. B. et al, Jamaica, New York

"A project for the prevention of disability from chronic respiratory disease in working males."

"Our lack of knowledge as to causation, or even relationship to specific inciting factors other than smoking, has made primary prevention of chronic obstructive pulmonary disease impossible."

SELIKOFF, I. J. and HAMMOND, E. C., New York City

"Community effects of non-occupational environmental exposure."

"The statistical and epidemiological difficulties in evaluating the community effect of an environmental agent, in a disease process with multiple potential causes, is seen with lung cancer. This is the most common tumor among asbestos insulation workers at this time: one in five deaths is caused by this neoplasm!" (Of 370 asbestos workers with 20 or more years of exposure, 87 did not smoke cigarettes, none of whom died of lung cancer; 283 had a history of cigarette smoking: 24 died of lung cancer, 8 times the expected number.)

SILLS, Joe Fred, University of Nebraska Health Center, Lincoln

"Health education on a university campus using peers as teachers."

"...From the present results it would appear that some progress has been made in using the peer group approach in the current smoking health education project. While the findings are somewhat complicated and confounding at times, the results obtained do raise many fruitful hypotheses and implications for future research and development of this approach to smoking education."

SUMMERS, C. J. and OBERMAN, A., University of Michigan, Ann Arbor

"The association of oral disease and 12 selected variables. 1. Periodontal disease."

"Since 1959, the Schools of Public Health and Medicine of the University of Michigan have conducted a longitudinal study of the health of the entire population of Tecumseh, Michigan, and the immediately surrounding area....

2024981692

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"The sample of the present report consists of those subjects who were 20 years and older and on whom dental and medical information was available (N=408). Of these, 84 subjects were edentulous, and will be analyzed in a later report. The remaining 324 subjects were dentulous, of which 154 are male and 170 are female....

"The subjects were divided by age and sex and by smokers and non-smokers.... In all age groups for both sexes, the smokers had a higher PDI /Periodontal Disease Index/ score than the non-smokers; in the age groups 40-49 and 50+ for males, the difference was statistically significant at the .01 and .05 levels, respectively."

TERRIS, Milton, New York Medical College

"A social policy of health." (Presidential Address)

"Cigarette smoking is a major cause of death and disability. It is the primary cause of lung cancer, chronic bronchitis and pulmonary emphysema, and an important cause of cancer of the larynx. It is a significant risk factor in coronary heart disease, and there is mounting evidence that the relationship is an etiologic one. Cigarette smoking is associated with cerebrovascular disease as well as cancers of the mouth, pharynx, esophagus, and urinary bladder.

"About one-third of all deaths in men age 35 to 60 are excess deaths which would not occur if smokers had the same death rates as non-smokers. Each year in the United States, an estimated 77 million man-days are lost from work, 88 million man-days are spent ill in bed, and 306 million man-days of restricted activity are experienced because of the higher disability rates of cigarette smokers. It is essential to formulate and implement a social policy which takes full cognizance of the gravity of the environmental health hazard posed by cigarette smoking."

TOKUHATA, G. K., Pennsylvania State Health Department, Harrisburg

"Smoking in relation to infertility and fetal loss."

"For the present analysis a total of 2016 women were available. These included 1297 whites and 719 non-whites (almost exclusively Negroes), or 569 who had breast cancer, 526 who had genital cancer, and 921 who had non-cancerous diseases.... Considering women of all races together 14 per cent of those who never used tobacco regularly were reported to have been infertile. Non-white women had a higher proportion than white women. Among those who had a history of habitual tobacco use the proportion was 18 per cent with no particular differences between the two racial groups. Contrasting differences appeared when cigarettes and other forms of tobacco were analyzed separately. The proportion of infertile women among those who used snuff and/or chewing tobacco was not significantly different from that among those who did not use any tobacco. The proportion was as high as 21 per cent among those who smoked cigarettes....

2024981693

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"In the present study the over-all proportion of fetal losses was 12 per cent. Miscarriages and stillbirths, while exact causes are unknown, are often related to low social classes where poor prenatal and natal care prevail. We found that, regardless of educational or occupational background, smokers were subject to a greater risk of fetal losses than non-smokers....

"There are certain qualifications in our findings. First, women being studied were not a random sample, but consisted of several groups of those who died of different causes.... Second, information regarding smoking and reproductive history was obtained through surviving family members. The degree of inaccuracy which might exist in the data obtained cannot be determined. Third, it was not possible to ascertain detailed information regarding smoking history as to the starting age or in relation to each pregnancy.... Further studies are needed...."

WEINBLATT, Eve et al, Health Insurance Plan of Greater New York

"Prognosis of men after first myocardial infarction: Mortality and first recurrence in relation to selected parameters."

"The general population at risk for diagnosis of first MI consists of about 55,000 men aged 25-64 who have been enrolled for at least two years in HIP, a prepaid comprehensive group practice plan.... Of the 881 men with first MI identified in the 4 years beginning Nov. 1, 1951, 564 were still alive one month after the event. All observations which were due to these men before May 1, 1967 are included in the analysis....

"Cigarette smoking -- especially heavy cigarette smoking -- has been reported as associated with an increased risk for incidence of first MI among men in the HIP study population, but no influence of smoking on early mortality could be demonstrated from the preliminary data.... Since changes in smoking habits after a first MI are common, and since those who give up cigarettes may well be weighted with the sickest men, inferences about the prognosis of men following first MI in relation to their subsequent smoking practices need to be drawn with great caution."

- o 0 o -

ERRATA: Current Digest, October 1967, page 11: please correct figures in paper by Tagliaferro and Franca as follows:

110	Non-smokers	81 men	29 women
207	Light smokers	182 men	25 women
267	Moderate smokers	255 men	12 women
299	Heavy smokers	*276 men	23 women
99	Smokers of undeterm. no. of c'ettes	82 men	17 women
3	Pipe smokers	3 men	--
985	Total	879 men	106 women

* text says 267 men, an obvious typographical error

Current Digest, October 1967, page 36: correct name is J. SCHONFIELD
October 1967 Attachment, page 2: correct name is B. BHAGAT (2nd item)
October 1967 Attachment, page 4: correct name is F. B. BARTIZAL Jr. (1st item)

- o 0 o -

2024981694

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

BOOK NOTICES

"The Epidemiology of Hypertension," edited by Jeremiah Stamler, Rose Stamler, and Theodore N. Pullman; Proceedings of an International Symposium at Chicago, Illinois, February 3-7, 1964, published 1967 by Grune & Stratton, New York and London. Among the papers were:

SHAH, V. V., T. N. Medical College, Bombay, India: "Environmental factors and hypertension..." (pp.204-217)

"From our study we could neither find significant differences in the mean BP [blood pressure] of smokers and non-smokers, nor in the prevalence of Hypertension." (63 hypertensives among 1446 non-smokers (4.4%) vs 23 hypertensives among 694 smokers (3.3%).) "Therefore, it seems that at present there is no conclusive evidence to prove that smoking contributes to the production of chronic hypertension." (p.209)

PFLANZ, Manfred, University of Giessen, Germany: "Discussion." (p.232)

"Our first studies failed to consider the relationship between smoking and the blood pressure. In agreement with Karvonen in Finland, in our later study we found a lower blood pressure among smokers in India, and even a still lower blood pressure among smokers who also chewed betel. This reduced blood pressure can be attributed to differences of body weight -- smokers weigh less and manifest a lower blood pressure; non-smokers weight more and manifest a higher blood pressure."

TALBERT, C. R. Jr., Medical College of South Carolina, Charleston: "Discussion." (p.247)

"We found a very mild rise in the diastolic pressure in the heavy smokers compared to the light smokers..... Also, even though our smokers were less obese, the white males follow the usual pattern of increasing prevalence of diastolic hypertension with increasing weight. However, the Negro population didn't manifest such a relationship....."

DAWBER, Thomas R. et al, Framingham, Mass.: "Environmental factors in hypertenion." (pp.255-288)

"From the distribution curves of blood pressure level in non-smokers and subjects classified according to number of cigarettes smoked, it is readily apparent that the distribution of blood pressure is unrelated to cigarette smoking status. From this investigation it appears quite clear that the deleterious effect of cigarette smoking on the production of myocardial infarction and death from coronary heart disease is not due to any effect of cigarette smoking on blood pressure level as measured in this study." (p.265)

HOLLAND, W. W., St. Thomas's Hospital Medical School, London, England: "Discussion." (p.319)

"We also found an inverse relationship between smoking and blood pressure, in that the more an individual smoked, the lower was the median blood pressure; but the heavy smokers were also lighter than the non-smokers...."

2024981695

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

PAUL, Oglesby, Northwestern University Medical School, Chicago, Illinois: "The natural history of hypertension." (pp.365-374)

"When we look at combinations, we see that a high diastolic pressure plus high cigarette consumption increased the relative coronary rate to 318 per cent, that the combination of high diastolic pressure plus high coffee increased the rate to 306 per cent, and that high diastolic pressure plus high cholesterol levels increased it to 292 per cent. A three-way table using diastolic blood pressure, cigarettes, and coffee reveals that with all three high, the relative rate is 523 per cent; it is 417 per cent with high diastolic blood pressure, cigarettes and cholesterol and it is 440 per cent with high diastolic blood pressure, coffee and cholesterol.

"As we view these interesting findings, what are we looking at? Are we studying the natural history of an elevated blood pressure, of coronary disease, or of cigarette consumption? We are clearly looking at none of these, but rather at the situation seen in human beings in which multiple factors influence the integrity of the arterial wall, leading in time to variable degrees of alteration of function and finally to death.... I do not believe that we know that the natural histories are." (pp.370-372)

LEW, Edward A., Metropolitan Life Insurance Company, New York City: "Blood pressure and mortality -- Life insurance experience." (pp.392-397)

The Build and Blood Pressure Study of 1959 by the Society of Actuaries covered about 5,000,000 insured persons, of whom about 200,000 are men and women who had casual blood pressures between 140 and 170 mm Hg systolic and between 90 and 115 mm Hg diastolic; for men free of other impairments, the study showed extra mortality ranging from 50% to 200%. "This is a significant degree of extra mortality judged by that found among heavy cigarette smokers (two or more packs a day) who are apparently subject to an extra mortality of 125 per cent as compared with non-smokers.... /The/ hazard of a blood pressure of 140 mm systolic and 90 mm diastolic would in the case of men in the United States be comparable to that of moderate smokers."

Among many authors discussing other aspects of hypertension are: Robert PLATT, England: Heredity; H. L. TAYLOR, Minneapolis: Body composition; P. D. WHITE, Boston: Race; C. B. THOMAS, Baltimore: Psychological factors; J. STAMLER, et al, Chicago: Socioeconomic factors.

- - -

"Advances in Cancer Research," Volume 10, published by Academic Press, New York and London, 1967. Among chapters were the following:

MAGEE, P. N., and BARNES, J. M. Medical Research Council Laboratories, Carshalton, Surrey, England: "Carcinogenic nitroso compounds." (pp.163-246)

"It is too early to be able to suggest with any confidence the part nitrosamines might play in the etiology of human cancer. In a whole range of experimental animals tumors can be produced in a number of different sites which bear in some cases a striking pathological resemblance to cancers seen in man. However, the species, the nature of the nitroso compound, and the dose and route by which it is administered can all play a part in determining the nature of the malignant lesion produced."

2024981696

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

HARINGTON, J. S., Royal Cancer Hospital, London, England: "The sulfhydryl group and carcinogenesis." (pp.247-309)

"Tobacco smoke absorbed in buffer irreversibly inhibits SH-containing enzymes; the effects -- apparently due to peroxides formed from free radicals -- are abolished by thiols at high concentrations. Preinhaled smoke has a negligible effect. The catalyzed aerial oxidation of CySH by tobacco smoke has been ascribed to reaction between intermediate thioperoxy radicals and SH groups. The water-insoluble fraction of cigarette smoke condensate hemolyzes red blood cells, while smoke trapped in buffer contains several SH-binding substances and SH-enzyme inhibitors....

"Clearly, any interpretation which suggests that a defect in the biosynthesis of certain enzymes in SH metabolism is one of the primary events in carcinogenesis need not, indeed cannot, exclude the participation of DNA and RNA. The primary biochemical lesions could result from a failure in function or integrity of the nucleic acids, brought about in different ways. And any adaptative changes in the rate or amount of enzyme being synthesized would have to be mediated through DNA or RNA...."

- - -

"Bladder Cancer," Fifth Inter-American Conference on Toxicology and Occupational Medicine, University of Miami School of Medicine, Coral Gables, Florida, 1966; published 1967 by Aesculapius Publishing Co., Birmingham, Ala. Among papers were the following:

DEICHMANN, William B., PhD, University of Miami, Coral Gables: Chapter 1, "Introduction."

"Three reports appeared in 1956 calling attention to the observation that a significant number of bladder tumor patients were also heavy smokers of cigarettes.... Since 1956, there have been additional reports substantiating that the incidence of bladder carcinoma is on the increase in the male population." (pp.23-24.)

DEELEY, Thomas J., FFR, and COHEN, Simon L., MRCP, Hammersmith Hospital, London, England; Chapter 13, "The relationship between cancer of the bladder and smoking."

"We have attempted to compare the smoking habits of a group of male patients with bladder cancer and a control group without cancer. For comparison, a similar investigation has been carried out on patients with carcinoma of the lung.... In the bladder series, 3 out of 127 (2.4%) patients with carcinoma had never smoked and 9 out of 127 (7.1%) of the controls had never smoked. This difference is almost statistically significant at the 5 per cent level. In the bronchus series, one out of 126 (0.8%) patients with carcinoma and 11 (8.7%) of the controls had never smoked. This difference is statistically significant at the 5 per cent level.... /The/ results are based on the information given by patients on their own smoking habits rather than from an observation of facts." (pp.164-166)

2024981697

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

CHAPMAN, Warren H., MD, University of Washington, Seattle: Chapter 14, "Effects of oral tobacco tar and a paraffin foreign body on the mouse bladder."

"King-size cigarettes of a popular brand were smoked in a six-cigarette manifold glass apparatus and washed with ice water traps and a water bath.... The tar was collected from the apparatus with acetone and the acetone evaporated off at room temperature until the tar was of as heavy consistency as would allow painting. In two groups, the wash water was fed to the animals for drinking.... Male BALB/c mice... were painted five days a week.... Most animals were kept for 52 weeks, but several groups were sacrificed at 40 weeks."

No bladder tumors appeared in 97 animals treated with tobacco tar nor in 63 fed the wash water; there were 22% lung tumors in the former and 24% in the latter, compared to 9% in 41 treated with acetone alone. When paraffin pellets were implanted in bladders before painting, none of the bladder sections "showed anything that we were willing to call carcinoma, although the distinction between the 'vegetative changes in proliferating epithelium' [noted by F. J. C. Roe, Brit. J. Urol. 36:238, 1964, and G. M. Bonser and J. W. Jull, J. Path. Bact. 72:489, 1956] and carcinoma are often slight....

"The paraffin pellets produced definite hyperplastic and proliferative changes in the bladder and these changes were slightly increased by the application of the oral tobacco tar." (pp.170-178)

SCHIEVELBEIN, H. & GRUMBACH, H., Surgical Clinic, University of Munich, Germany: Chapter 15, "The influence of tobacco smoke components on the activity of kynureninase."

"To evaluate a possible influence of cigarette smoke on the enzymes which are involved in tryptophane metabolism, we investigated the activity of the enzyme kynureninase... under different conditions.... Cigarette smoke inhibits the enzyme kynureninase after exposure in vitro. The inhibition is brought about by components of the gaseous and particulate phase of the smoke. The inhibition by the gaseous phase is partly due to HCN present in the smoke. Short intensive exposure of animals to cigarette smoke, leads to a small but significant increase of the activity. No conclusions with regard to the effect of chronic exposure to tobacco smoke can be drawn by these experiments." (pp.180-185)

- - -

"Tumors of the Alimentary Tract in Africans," Symposium held at Geneva, Switzerland, Nov. 29-Dec. 5, 1965. Published July 1967: National Cancer Institute Monograph No.25. Among brief mentions of tobacco habits (mainly chewing) are:

PRATES, M. D. and TORRES, F. O., Portuguese East Africa: "Malignant tumors of the alimentary canal in Africans of Mozambique." (pp.73-82)

"Tobacco, another causal agent often mentioned, is not frequently used....Very few males smoke pipes or take snuff. Snuff was taken by nose or mouth by only 8% of the men and 32% of the women, and even these started their habit late in life." (p.77)

2024981698

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

ROSE, E. F., South Africa: "A study of esophageal cancer in the Transkei." (pp.83-96)

"Men and women smoke from the age of 14 years. The pipe bowls are lined with tin and tobacco is home-grown and cured at home. Wads of dottle from the stems of the pipes are sucked, mainly by old women.... A factor under consideration is the possible presence of nitrosamines and allied substances in food.... The main problem is to improve the reliability of information and sort out the essential facts...."

OETTLÉ, A. G., South Africa: "Mortality from malignant neoplasms of the alimentary canal in whites, Coloreds, and Asians in South Africa, 1949-1958." (pp.111-131)

"For males the highest mortality rate [from esophageal cancer] is observed in Coloreds, followed by whites; the Asian rate is very low. This pattern is consistent with the relative exposures of these groups to alcohol and tobacco. For females the pattern is reversed...." (p.114)

DOLL, Richard, England: "World-wide distribution of gastrointestinal cancer." (pp.173-190) Refers to smoking-lung cancer association. (p.186)

HIGGINSON, John, Kansas City, Kansas: "Etiology of gastrointestinal cancer in man." (pp.191-198)

Cites references to smoking association with esophageal cancer (p.192) and lack of association with gastric cancer (p.194), "but Flamant et al (1964) have suggested that there may be a relationship between cancer of the cardiac portion of the stomach and cigarette smoking."

RINGERTZ, N., Sweden: "Epidemiology of gastrointestinal cancers in Scandinavia...." (pp.219-239)

Cites references to esophageal cancer -- tobacco smoking association. (p.225)

- - -

"Transactions of the International Chest & Heart Conference, 4th-7th April 1967, Eastbourne, England, published 1967 by the Chest and Heart Association, London, England. Among the papers presented were the following:

KISSEN, David M., Glasgow, Scotland: "Problems and possibilities in the psychosomatic approach to prevention with special reference to lung cancer." (pp.58-62)

ADAMS, Michael J. T., Senior Medical Office, Ministry of Health, London: "Cancer prevention -- with especial reference to the lung." (pp.85-87)

ELLIOTT, Daphne S., Principal Health Education Officer, London Borough of Croydon: "Smoking and health. Opportunities and difficulties in educating the public." (pp.87-90)

LAWTHER, Patrick J., London, England: "Air pollution as a community and personal problem." (p.140)

2024981699

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

HOLLAND, Walter W., London, England: "The onset of respiratory disease." (pp.152-154)

WALLER, Robert E., London, England, "Smoke, smoking and lung cancer." (pp.155-158)

RIGGINS, H. McLeod, Bellevue Hospital, New York City: "What is the outlook for lung cancer during the next ten years." (pp.18a-18d) "Excessive and prolonged cigarette smoking is probably the most important causally related or contributory factor in the development of lung cancer although there are other important factors and let it be recalled that the actual cause of lung cancer is still unknown."

- - -

TRUHAUT, Dr. René, Editor, "Potential Carcinogenic Hazards from Drugs," International Union Against Cancer Monograph Series, Volume 7, published 1967, Springer-Verlag, Berlin, Heidelberg, New York. Among papers discussed are:

DOLL, Richard, England: "Statistical approach to the evaluation and prediction of possible carcinogenic action of drugs," pages 53-59. ("Isoniazid can produce pulmonary tumors and leukemia in mice (though not apparently in rats nor hamsters), but it does not necessarily follow that the excess mortality from lung cancer and leukemia in the tuberculous patients is due to the drug."

HUEPER, W. C., USA: "Carcinogenic hazards from arsenic and metal containing drugs," pages 79-104. (Chromium, nickel, selenium, lead among metals discussed).

LIJINSKY, W., SAFFIOTTI, U. & SHUBIK, P., USA: "Evaluation of possible carcinogenicity of petroleum products in therapeutic use," pages 129-137. ("It is known, for example, that the carcinogenic activity of coal tar, creosote and tobacco tar can not be accounted for by their measured content of known carcinogens." p.135)

SCHOENTAL, R., England: "Pyrrolizidine (senecio) alkaloids and other natural drugs as potential carcinogens," pages 152-161. (Organo-selenium compounds, pp.157-8.

JUHASZ, J., Hungary: "On potential carcinogenicity of some hydrazine derivatives used as drugs," pages 181-187. (Isoniazid, mainly).

- - -

2024981700

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

"Das Gesundheitswesen der Bundesrepublik Deutschland," (Statistical Atlas on Public Health In the Federal Republic of Germany), Volume 2, 1965, Published by W. Kohlhammer, 1966, Stuttgart & Mainz.

"The increase... in cancer mortality among the male population is in the first place attributable to the marked rise in mortality from cancer of the lung which is far from being outweighed by the simultaneous fall in mortality from malignant neoplasms of the digestive organs and of the biliary passage and liver. The decrease... among the female population is ascribable to the decline in mortality from cancer of the uterus and cancer of the digestive organs. The decrease would be more extensive were it not for the simultaneous increase in mortality due to cancer of the lung among the female population....

"When considering the problem by leaving out of consideration cancer of the lung altogether -- which is regarded mainly as a result of the smoking of cigarettes -- it is found that total cancer mortality in 1962 was very much the same among the male and among the female population in... Germany.... The alarming development of mortality from cancer of the lung among men -- and also among women -- must not just be put up with." (pp.136-137)

- o 0 o -

Also received but not excerpted are the following references to tobacco and related research and opinion:

BRUYN, H. B. (U. Cal.), "Control of dangerous drugs on university campuses," J. Am. Coll. Health Ass'n. 16/1:13-19, Oct. 1967. (Programs vs drug abuse less effective than one linking drugs, VD, alcohol, cigarettes, "other controversial subjects")

BUTTLE, G. A. H. & FRAYN, A. (England), "Effect of previous injection of homologous embryonic tissue on the growth of certain transplantable mouse tumors," Nature 215:1495-1497, Sept. 30, 1967. (TRC grant; implants did not affect MCA-induced tumors)

BUU-HOI, N. P. & HIEN, D. P. (France), "Similarity in a biological effect of benzo(a)pyrene and of an azulene analog thereof," Naturwissenschaften 54/17:470, Sept. 1967.

CANADIAN MEDICAL ASSOCIATION, "Transactions of the One Hundredth Annual Meeting," June 9-17, 1967, Canad. Med. Ass'n. J. 97:696, Sept. 8, 1967. Committee on Cancer reports public. of "So I'm Living Dangerously..." for MD recept. rooms, produced by Can. Med. Ass'n. and Dept. of Nat. Health & Welfare)

CHAPMAN, J. S. (Dallas), "Air pollution and our health," Proc. Third Nat. Conf. on Air Pollut. Dec. 12-14, 1966, Pub. No. 1649, USPHS, 1967. (Inhalation of tobacco smoke is worst and most concentrated form of individual air pollution)

EPSTEIN, F. H. (Ann Arbor), "Risk factors in coronary heart disease. Environmental and hereditary influences," Israel J. Med. Sci. 3/4:594-607, July-Aug. 1967. (Familial aggregations of heart disease seen in Framingham, Tecumseh, etc. data) "Hyperglycemia. A risk factor in coronary heart disease," Circul. 36/4:609-619, Oct. 1967. (Review adds hyperglycemia to hyperlipemia, smoking, etc., as atherosclerosis risk factor)

2024981701

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

FREDERICKSON, D. T. (NYC Health Dept.), "NYC clinic tells smokers how they can get 'unhooked,'" Med. Trib. 8/101:3, Oct. 9, 1967. (Three-phase tobacco withdrawal plan described)

FURMAN, R. H. (Okla. City), "Diet and coronary artery disease," Postgrad. Med. 42/3:172-182, Sept. 1967. (Diet, sedentary habits, alcohol, smoking are "affluence" factors in CAD)

GANTCHEV, N. & CHICHKOV, A. (Bulgaria), "Détermination photometrique de microquantités de nicotine au moyen d'acide aurichlorhydrique," Mikrochemica Acta 5:809-812, 1967. (Small amounts of nicotine (200-100 μg) detected by precipitation by chlorauric acid)

KOKETSU, K. & NISHI, S. (Loyola U.), "Acetylcholine depolarization of bullfrog sympathetic preganglionic nerve terminals," Life Sciences 6/11: 1169-1177, 1967. (Neither acetylcholine nor nicotine caused depolarization of preganglionic nerve trunk)

LIJINSKY, W. (Chi. Med. Sch.), "Detection of carcinogenic chemicals in the environment," Cancer Bulletin 19/4:63-64 & 81, July-Aug. 1967. (BP in broiled meat, fish, etc. measured)

LIJINSKY, W. & ROSS, A. E., "Production of carcinogenic polynuclear hydrocarbons in the cooking of food," Food Cosmet. Toxicol. 5/3:343-347, Aug. 1967.

LOVKOVA, M. Ya. & ILJIN, G. S. (USSR), "Biosynthesis of pyridine and pyrrolidine cycles in nicotine," Biokhimiya 32/4:812-815, 1967. (Tests with tob. seedlings used)

MACHOVA, J. & BOSKA, D. (Czech.), "A study of the action of angiotensin on the superior cervical ganglion in comparison with other ganglion stimulating agents," Eur. J. Pharmacol. 1/3:233-239, 1967. (Nicotine acts sooner)

MATZINGER, D. F. & WERNSMAN, E. A., "Genetic diversity and heterosis in Nicotiana...," Der Zuchter 37/4:188-191, 1967. (Not ordered)

MAXWELL, E. (Editor), "Hiccups," Today's Health 65/9:77-78, Sept. 1967. (AMA Publ. cites Colo. Med. Soc. March 10, 1967 release, naming tobacco, alcohol, spices among triggers)

MOORE, G. E. (Buffalo), "Humor not appreciated," AMA News 10/42: Oct. 16, 1967. (Objects to AMA News Sept. 25, 1967 reprint of Hartford (Conn.) Med. Ass'n. Bull. editorial: "The virtues, advantages of the chaw")

NEYMAN, I. M. (USSR), "Permissible doses of substances presenting carcinogenic hazards," Voprosi Pitaniya 26/3:3-7, 1967: Translation. (Small doses of carcinogens, not directly capable of causing cancer, may condition tissues for neoplastic growth)

PAFFENBARGER, R. S. Jr. (Harvard U.), "Chronic disease in former college students: VI. Implications for college health programs," J. Am. Coll. Health Ass'n. 16/1:51-55, Oct. 1967. (See CD May 1967:27)

PAGE, I. H. (Editor), "One out of every five," Mod. Med. 35/19:23-24, Sept. 11, 1967. (Discusses his coronary: came in spite of following all rules, such as smoking only 6 c'ettes daily)

2024981702

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

PARENT TEACHERS ASSOCIATION, "His first cigarette may be a matter of life or death," Pub. Health Reports 82/9:794, Sept. 1967. (Pamphlet for 7th, 8th grades in 21 states)

PRATT, G. H. (NYC), "Occlusive arterial disease of the extremities. Surgical treatment," Postgrad. Med. 42/3:203-211, Sept. 1967. (10 of 88 smoking cases amputated vs none of 71 non-smokers)

PRATT, P. C. & KLUGH, G. A. (Columbus), "Chronic expiratory air-flow obstruction -- cause or effect of centrilobular emphysema?" Dis. of Chest 52/3:342-349, Sept. 1967. (Data from 101 cases show that emphysema causes expiratory obstruction)

RACE, George J. (Baylor U.), "In consultation," Med. Trib. 8/106:8, Oct. 26, 1967. (In deaths by CO inhalation, little attention is usually paid to smoking history since carboxyhemoglobin levels from this cause do not appear significant)

READER, R. (Canberra), "Prevention of coronary heart disease," Med. J. Australia 2/12:546-548, Sept. 16, 1967. (Reduction of cigarette smoking strongly advised)

SCHARFENBERG, G. et al (Germany), "Medikamentöse Raucherentwöhnung mit Dihydrochlorothiazid (Urodiazin)," Münch. med. Wschr. 109/33:1687-1690, August 18, 1967. (Urodiazin produced 31% smoking abstinence vs 18% of placebo group, in tests on 158 habitual smokers)

SEEVERS, M. H., Chairman, AMA-ERF Comm. for Res. on Tob. & Health: press release (published in several medical journals) says tobacco program "was initiated by the AMA House of Delegates as an adjunct to its educational campaign to discourage the use of toxic materials -- including tobacco -- among young people."

SEIGEL, D. G. & KRUEGER, D. E. (NIH), "Consistency of incidence, survival, and prevalence data on myocardial infarction from various studies," J. Chron. Dis. 20/8:603-614, Aug. 1967. (Discrepancies between Framingham female data and other studies)

SHARMA, M. L. (India), "Effect of histamine liberators on peristaltic reflex," Ind. J. Med. Res. 55/6:639-642, June 1967. (Nicotine and acetylcholine responses of guinea pig ileum blocked by highest test doses of histamine liberators)

SHEEHY, J. L. (Los Angeles), "Evaluation of the dizzy patient," Mod. Med. 35/21:62-63, Oct. 9, 1967 (From Arch. Otolaryng. 86:18, 1967). (Tobacco use among many questions asked patients)

SHIMKIN, M. B. et al, "Tritiated thymidine labeling of cells in rats following exposure to 7,12-dimethylbenz(a)anthracene," Cancer Research 27/8-I:1494-1495, 1967. (No tobacco)

SHUBIK, P. "The Chicago Medical School," Cancer Bulletin 19/4:62 July-Aug. 1967. (Demonstration of cigarette smoking-lung cancer link primary reason for rise in medical knowledge)

2024981703

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000

TERRACOL, H. et al (France), "Le tabac et le cancer du larynx" and "Enquête dur la pathologie laryngée," Vie Médicale 48:1149-1150 & 1179-1200, Aug.-Dept. 1967. (861 smokers in 980 larynx cancer cases; and round-up of views of European specialists)

TERRY, L. L. (U. of Pa.), "Colleges educate for health," J. Am. Coll. Health Ass'n. 16/1:47-50, Oct. 1967. (Discusses anti-smoking plans, etc.)

THOMAS, E. Emerson Jr. et al (Boston U.), "Obesity: A hazard to health," Med. Times 95/10:1099-1106, Oct. 1967. (Smokers in general tended to be leaner than non-smokers, but heavy smokers weighed more than smokers among randomly-selected Framingham men and women)

THURMAN, M. & PANGLE, R. (Nashville), "Student response to 'A Point of View,'" J. School Health 37/8:404-406, Oct. 1967. (111 college students impressed by NTA anti-smoking film)

TOREVA, D. (USSR), "Anticonvulsant action of phenacone," Farm. i. Toksik. 30/3:301-303, 1967. (Drug prevents nicotine-induced hyperkenesis in doses producing muscle relaxation)

TORIGIAN, P. (Turkey), "Amerikas Kinder rauchen Bananenschale," Selecta 9/41:2886, Oct. 9, 1967. (Author sells "Bravo Smokes" made of outer leaves of cabbage to adults; American children smoke banana peels)

TURBEVILLE, G. (Wis. State U.), "The right to breathe pure air," Science 158:315, Oct. 20, 1967. (Smokers hurt those nearby: all filters virtually useless)

WILEY, R. M. & FERRI, J. A. (Philip Morris), "The design of an automated syringe-type smoking machine," Tob. Science 11:140-143, Oct. 20, 1967.

WINSOR, T. (U. S.Cal.), "Occlusive arterial disease of the extremities. Medical treatment," Postgrad. Med. 42/3:195-202, Sept. 1967. (C'ettes should be discontinued)

WINSTANLEY, D. P. (England), "Surfactant lack believed to abet RDS in newborns," Med. Trib. 8/102:2, Oct. 12, 1967. (Pulm. surfact. lack causes respir. dis. syndrome)

WHO, Division of Research in Epidemiology created, headed by Dr. Kenneth W. NEWELL, former Prof. of Epid. at Tulane U. Sch. of Med., New Orleans: Med. J. Australia 2/11 Supp.:42, Sept. 9, 1967.

2024981704

Source: https://www.industrydocuments.ucsf.edu/docs/qnbl0000